

Flag Request Form for the Constituents of the MA 3rd District

Date: _____

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____

Would You Like the flag to be flown over the Capitol? Yes _____ (\$4.05 Fee)

If YES, what day would you like the flag to be flown? _____

Person/Group to be honored _____

Special Occasion (if any) _____

Where should the flag be sent?

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Specify the Quantity and Size of Flag(s)					
Quantity	Size	Material	Price	Flying Fee	Mailing Fee
_____	3x5	Nylon	\$9.00	\$4.05	\$4.00
_____	3x5	Cotton	\$9.25	\$4.05	\$4.00
_____	4x6	Nylon	\$13.50	\$4.05	\$4.36
_____	5x8	Nylon	\$18.00	\$4.05	\$5.85
_____	5x8	Cotton	\$20.00	\$4.05	\$5.85

Checks Payable to: **Office Supply Accounts-MA 0350**

Please Send Forms with Payment to:

U.S. Representative James P. McGovern

34 Mechanics St

Worcester, MA 01608

For Office Use Only: Date Delivered: _____ Date Mailed: _____